

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015265

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2013

FILED APR 30 1962

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in 1b <b>40 YEARS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>D.O.A.</b>		d. STREET ADDRESS (If outside, give location) <b>9043 Walnut Street</b>	
HOSPITAL OR INSTITUTION <b>Baptist Memorial Hosp.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ROSS</b> Middle <b>WILLIAM</b> Last <b>HILL</b>		4. DATE OF DEATH Month <b>April</b> Day <b>9</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cauc.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/9/1904</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BARBER</b>		9. AGE (last birthday) <b>58</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>FOR SELF</b>		11. BIRTHPLACE (City and state or country) <b>FULTON, KANSAS</b>	
13a. FATHER'S NAME <b>CHARLES PARK HILL</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13b. MOTHER'S MAIDEN NAME <b>IDA M. MORRELL</b>		14. NAME OF HUSBAND OR WIFE <b>Ilene Hill</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) <b>NO</b>		17. INFORMANT <b>Ilene Hill, 9043 Walnut Street, Kansas City, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <b>3:55 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Ruth H. Owens Coroner</b>		22b. ADDRESS <b>152 Union Station</b>	
22c. DATE SIGNED <b>4-10-62</b>		23. NAME OF CEMETERY OR CREMATOR <b>FAIRVIEW CEMETERY</b>	
23a. BURIAL, CREMATION, or REMOVAL (Specify) <b>REMOVAL</b>		23d. LOCATION (City, town, or county) <b>FULTON KANSAS</b>	
24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons, 1331 Brush Creek Blvd., Kansas City, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>4-11-62</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
Hugh H. Owens  
MEDICAL CERTIFICATION

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1  
2 **5X38**  
3  
4 **0**  
5 **1**  
6  
7 **1**  
8 **2**  
**94201**  
10  
11  
12 **1292-3**  
13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Norman W. Pearson*

Licensed Embalmer No. 4889

P. O. Address

*Fairfax, Va.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.